

Medi-Cal Program Update

"To Enrich Lives Through Effective and Caring Service"

September 2010

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Processing Applications for the Deemed Eligible Infant's Case Ineligible Members

When a Medi-Cal household fails to return a complete annual redetermination, the case will remain open for a Deemed Eligible (DE) infant until age one but benefits for the other household members will terminate. A Special Indicator will display the message "DE Infant-Failed RD Child Aided." This is to alert viewers that the case remains open only for the DE child.

When any of the ineligible members of the DE household request Medi-Cal after the 30-day rescission period, a new application is required with assignment of a new case number. **The family members may not be added to the case when the termination of their benefits is due to a failed redetermination.**

The family may apply in any district and should not be referred to the district where the DE infant case is maintained. The DE child should be included on the new application and will fail eligibility on the new case due to overlapping aid. However, this will allow a correct eligibility determination of the parents who may need to be linked to the DE infant for eligibility.

If the family is eligible, the intake Eligibility Worker (EW) must notify the DE approved EW so that the DE case can be terminated. After termination of the DE case, the DE infant will be eligible in the new case and the DE period will continue.

Reference: Administrative Directive 4641 Automation of Deemed Eligibility dated 04/02/07,
BWS Administrative Memorandum 06-16 No Wrong Door Policy dated 07/27/06.

S.G.

Processing Guidelines for Newborn Eligibility

This is a reminder to staff that State and Department best practices guidelines require that a deemed eligible infant be added to Medi-Cal within **10 days** after the department is informed of the child's birth.

An application is not required to add the newborn once evidence of the mother's eligibility in the birth month is confirmed. Social Security numbers, birth certificates and deprivation information are not to be requested in order to add the infant. The only required information is the child's name, date of birth and gender. Eligibility is effective the date of the infant's birth, even if the birth is reported in a subsequent month. The child's aid code is based on the mother's eligibility in the birth month.

Example: If the mother was eligible to 1931b in the birth month, the child is also eligible to 1931b. If the mother received Medi-Cal on the basis of disability (i.e. Supplemental Security Income), the child must have an aid code that's not disability related but with the same zero share of cost, full-scope coverage based on the available information. Staff must not delay adding the infant in order to determine the appropriate aid code.

References: ACWDL 03-49 dated 10-06-03,
Administrative Directive 4201, Supp. 1 dated 04-20-05.

S.G.

DUPLICATE



NEW PROCEDURES FOR REQUESTING A DUPLICATE COPY OF THE MC 221R

The *DDSD Disability Determination Response to MC 221 (MC 221R)* is sent by DDSD to the district office that submitted the disability packet when the disability evaluation process is completed. The MC 221R contains the outcome of the disability evaluation (Allowed, Denied or No Determination). In disability allowances, the MC 221R also contains the disability/blindness onset date, and the reexamination date.

Sometimes, district offices are not able to locate the MC 221R (misplaced, lost, sent to the wrong district, etc.) to finalize the Medi-Cal applications. In these instances, districts can contact DDSD and request a duplicate copy of the MC 221R. In the past, DDSD would honor phone requests for a duplicate MC 221R. But, it was discovered that security and confidentiality issues were at risk when hospital social workers, financial counselors and other individuals were misrepresenting themselves as County employees in order to obtain copies of the MC 221R.

To protect beneficiaries' personally identifiable information (PII), DDSD will only accept fax requests of the MC 221R. The faxed form must include the County letterhead, name, title, phone number and fax number of the person requesting the MC 221R. Medi-Cal Program Section has developed the *Request for a Duplicate Copy of the MC 221R-PA 6084* that meets these requirements. *The PA 6084* is available in the DPSS Forms Library and can be accessed through MY DPSS website. Effective immediately staff must use this form to request copies of the MC 221R from DDSD.

R.V.

Responsibilities of the ICT Receiving County



This is a reminder that it is the Receiving County's responsibility to update MEDS with the new county code "19" after the case has been approved in LEADER. To update MEDS with the new county code, complete a PA 5308 form. When completing the PA 5308 to change the county code, there are three things you must remember:

1. Check the EW 05 box.
2. The effective date must be a future month.
 - ◆ **If** the PA 5308 is completed after MEDS renewal, **then** enter the month, day and year for the following month. (Example: **If** change is made 08/27/10, **then** enter 10/01/10)
3. Check MEDS 2 workdays after submitting the PA 5308 to ensure the county code is updated.

NOTE: If you need any assistance updating MEDS, make sure you contact your District's MEDS liaison.

Reference: Administrative Directive 4818, date 09/22/09.

C.F.



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IS YOUR MEDI-CAL BENEFICIARY RECEIVING IN-HOME SUPPORTIVE SERVICES?

It is imperative that Medi-Cal (MC) Eligibility Workers (EW) verify in MEDS when a Medi-Cal beneficiary is receiving In-Home Supportive Services (IHSS).

The current aid codes used for IHSS eligibility in MEDS are as follows:

- 2L - IHSS Plus Waiver (IPW)
- 2M - Personal Care Services

Whenever a case is determined to have IHSS benefits, MC EWs are to immediately forward the active case to their designated IPW case worker.

To maintain effective communication between the IPW districts and IHSS Program, form IPW-2 was created to facilitate the transfer of information between MC and IHSS. Once benefits have been established, the IPW-2 must be used by MC and IHSS staff to report changes in circumstances or case record discrepancies that could affect a recipient's eligibility. Therefore, staff **MUST** utilize this form to ensure information between the two programs is delivered promptly.

Remember: Prompt sharing of information assist in preventing IHSS Residual cases which result in increased cost for the County.

K.L.

SAVE Abstracts

The Systematic Alien Verification to Entitlement (SAVE) System is a fast and easy way to request satisfactory immigration status (SIS) information from the United States Citizenship Immigration Services (USCIS). Eligibility Workers (EW) must enter the Alien Number into the Alien # field to generate a SAVE abstract.

The Alien # field is located on the LEADER *Individual Attributes Summary* screen. Once an alien number is entered and saved into the LEADER system, it requests the SIS from the USCIS files overnight. The SAVE abstract is automatically sent within one or two days. The SAVE abstract is generated via the MEDS printer and distributed to the appropriate EW by the designated clerical staff.

Reference: SAVE Desk Guide.

O.P.

